

2025 MEDICARE DENTAL BENEFITS: Wellcare Health Plans – ME, MO, NC, NE

The provisions outlined in these Plan Specifics shall prevail over any provision in the Centene Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.

Envolve Dental, doing business as Centene Dental Services, has partnered with Wellcare Medicare Advantage health plans in four states to administer preventive and comprehensive dental benefits for Wellcare members in 2025.

MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7

- For specific individual member benefits and eligibility, access Centene Dental's Provider Web Portal (centenedental.com/logon).
- You may also call Customer Service to reach our automated member eligibility-verification system or a team member.

COVERED DENTAL SERVICES

For a summary of Medicare dental benefits, view the Medicare Benefit Summary Tool at centenedental.com/benefits. For more detailed coverage and coding information, please use the [Dental Code Search Tool](#). Note that codes listed as preventive do not count towards the member's benefit dollar maximum.

Centene Dental does not process pre-determinations of coverage. Please proceed with care as set out in the member's Evidence of Coverage and the benefit limitations outlined in the Dental Code Search Tool. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan materials and dental benefit description documents found on our website at [Medicare Provider Resources](#).

DENTAL CLINICAL POLICIES

Centene Dental applies clinical standards to all covered benefits, outlining for providers what conditions must be present for coverage and payment. Please be sure to review our clinical policy guidelines and criteria found at centenedental.com/policies prior to providing services. Providers should measure intended services to stated clinical criteria before treatment begins to assure proposed services meet medical necessity and appropriateness of care criteria. These policies also include listings of required documentation to support services provided.

PRIOR AUTHORIZATION REQUIREMENTS

Certain Medicare dental benefits require authorization prior to the service being rendered. Claims filed for these services without prior authorization will deny and require claim reconsideration or appeal for payment consideration. To find out if a planned service requires prior authorization, please visit the [Dental Code Search Tool](#).

When possible, standard authorization requests should be received at least 15 calendar days in advance of treatment date via:

- Centene Dental Provider Web Portal at centenedental.com/logon
- Electronic clearinghouses using payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files



- Paper submissions mailed to:
 - Centene Dental Medicare Authorizations
 - PO Box 23768
 - Tampa, FL 33623-3768
 - Requests must be submitted on a current (2019 or later) ADA original claim form.
 - Copies, handwritten or faxed forms are not accepted.

For urgent requests, please mark your authorization request “Expedited Request” in the Provider Web Portal or on your clearinghouse or paper submission. Members may receive an expedited/fast decision when life, health or ability to gain function may be jeopardized. In an emergency, a provider should not wait for prior authorization to provide treatment to the member. For emergencies without prior authorization, please contact Customer Service for claim submission instructions within two business days of rendering emergency care.

Please note: Expedited requests not meeting urgent medical standards or lacking sufficient information for fast decision may be downgraded to standard processing times.

Prior authorization decisions for non-urgent services shall be made within 14 calendar days. An extension may be granted if the member, provider, or Centene Dental justifies the need for additional information and the extension is in the member’s interest based on regulatory guidelines.

CLAIM SUBMISSION

The Medicare timely filing requirement is one calendar year from the date of service; this includes resubmission of corrected claims that were not able to be processed. No reimbursement will be made for claims received beyond this date. Claims received after the timely filing deadline will be considered a provider liability and members may not be billed for services. Include applicable arch, quadrant or tooth identifiers when billing for dental services.

Submit claims in one of these formats:

- Centene Dental Provider Web Portal at: centenedental.com/logon
- Electronic clearinghouses using Centene Dental payor ID number 46278
- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper submissions mailed to:
 - Centene Dental Medicare Claims
 - PO Box 23768
 - Tampa, FL 33623-3768
 - Request must be submitted on a current (2019 or later) ADA original claim form.
 - Copies, handwritten or faxed forms are not accepted.

Billing for Crowns, Dentures, and Root Canals

The billed date of service for crowns is the final cementation date; for dentures, the insertions date; and for root canals, the final fill date.

RECONSIDERATIONS & APPEALS

All Medicare appeals or claim reconsiderations must be received within 120 days of the date of the Explanation of Payment (EOP) or Integrated Denial Notice (IDN). Submissions must include documentation of the original notification showing the denial, any clinical records, and other documentation that supports the request for reimbursement or coverage. Please call Customer Service with any questions.



Medicare Pre-Service (Prior Authorization) Appeals

For denied prior authorizations, a provider (with permission from the member) may submit an appeal on behalf of the member to the member’s health plan. Applicable member appeal addresses are noted below.

Medicare Claim Reconsiderations - Participating Providers Only

Providers who *are* contracted with Centene Dental or participate with United Concordia do not have Medicare appeal rights; however, Centene Dental has a reconsideration process for review of any participating provider claim issues. To request a reconsideration of a Medicare claim, providers should mail the documentation listed above as indicated below.

Medicare Claim Appeals - Non-Participating Providers Only

Providers who *are not* contracted with Centene Dental or do not participate with United Concordia have Medicare appeal rights. Request for appeals must be accompanied by a Waiver of Liability (WOL) form, along with the above documentation and mailed to the applicable address as indicated below within 65 calendar days of the Explanation of Payment (EOP).

Health Plan	Medicare Provider Claim Appeals Non-Participating Providers Only	Medicare Member Appeals	Medicare Provider Claim Reconsiderations Participating Providers Only
Wellcare	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Wellcare Member Appeals P.O. Box 31368 Tampa, FL 33631-3368	Centene Dental Medicare Claims PO Box 22687 Tampa, FL 33623-2687
Wellcare By Allwell (MO only)	Grievance and Appeals – Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Appeals and Grievances Medicare Operations 7700 Forsyth Blvd. St. Louis, MO 63105	

Upon receipt of all required documentation, we have up to 30 calendar days for clean claims or 60 calendar days for non-clean claims to review the appeal for medical necessity and/or conformity to Centene Dental guidelines and render a decision to reverse or uphold denial.

WELLCARE SPENDABLES™ CARD

- Wellcare Spendables card is a prepaid Visa debit card that may be used to cover part of members’ out-of-pocket expenses at a dental, vision or hearing provider that accepts Visa.
- Transactions will only be approved for providers with dental, vision, and hearing merchant category codes 8021, 8042, 8043 or 5975.
- Providers should check the card balance before processing by:
 - Calling Spendables support at 855-744-8550.
 - Checking online at HealthyBenefitsPlus.com.



CENTENE DENTAL HELP AT A GLANCE

<p>SECURE PROVIDER WEB PORTAL (PWP) centenedental.com/logon</p> <ul style="list-style-type: none"> • Verify member benefits and eligibility. • Submit prior authorization requests. • File claims and review claim status. • Download, research, and reprint EOPs. • Access important provider information: <ul style="list-style-type: none"> ○ Covered dental codes and details. ○ Clinical policy guidelines. ○ Documentation to support claims. ○ Provider manual, training, bulletins. 	<p>CENTENE DENTAL PUBLIC WEBSITE centenedental.com</p> <ul style="list-style-type: none"> • Access provider training resources. • Contact Customer Service. • Update provider forms, including: <ul style="list-style-type: none"> ○ Electronic Funds Transfers (EFT) ○ Disclosure of Ownership (DOO) ○ Credentialing documents • View Medicare Benefit Summary at centenedental.com/benefits. • Access covered dental codes and details at centenedental.com/cdt. • View member ID Card examples at centenedental.com/mystate.
<p>MEDICARE CLINICAL REFERENCE GUIDE See the <i>Medicare Clinical Reference Guide</i> on centenedental.com for medical necessity and documentation requirements for frequently identified procedures requiring prior authorization review.</p>	<p>CENTENE DENTAL CLINICAL POLICIES You can find our dental clinical policies posted online at centenedental.com/policies, in addition to the PWP.</p>

CENTENE DENTAL MEDICARE KEY CONTACTS

State	Health Plan	Customer Service (Provider & Member)	Medicare Claim Provider Appeals (Non-Participating Providers Only)	Medicare Dental Prior Authorizations, Claims, Claim Reconsiderations (All Providers)
ME	Wellcare	833-393-1623	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Centene Dental Medicare PO Box 23768 Tampa, FL 33623-3768
MO	Wellcare Wellcare By Allwell	855-434-9240	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	
NC	Wellcare	833-813-0532	Wellcare Provider Appeals P.O. Box 31368	
NE	Wellcare	833-605-2784	Tampa, FL 33631-3368	